

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: _____		2 Serial/Patent # <u>10/517221</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
		6 AMOUNT						
		<input checked="" type="checkbox"/> Filing	\$ <u>180</u>					
		<input type="checkbox"/> Amendment	\$ _____					
		<input type="checkbox"/> Extension of Time	\$ _____					
		<input type="checkbox"/> Notice of Appeal/Appeal	\$ _____					
		<input type="checkbox"/> Petition	\$ _____					
		<input type="checkbox"/> Issue	\$ _____					
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$ _____					
		<input type="checkbox"/> Maintenance	\$ _____					
<input type="checkbox"/> Assignment	\$ _____							
<input type="checkbox"/> Other	\$ _____							
		7 TOTAL AMOUNT OF REFUND						
		\$ <u>180</u>						
10 REASON:		8 TO BE REFUNDED BY:						
		<input type="checkbox"/> Treasury Check						
		<input checked="" type="checkbox"/> Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>3</td><td>2</td><td>0</td> </tr> </table>		5	0	--	0	3
5	0	--	0	3	2	0		
<input type="checkbox"/> Duplicate Payment								
<input type="checkbox"/> No Fee Due (Explanation):								
REFUND COMPLETED PCT NATIONAL DIVISION								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>Jamala Holland</u>		TITLE: <u>Lawyer</u>						
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>						
OFFICE: <u>PCT</u>		<u>X209</u>						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: _____		DATE: _____						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: